



WEEKLY CERTIFIED PAYROLL REPORTING FORM

NAME OF CONTRACTOR :Scaffold Resource LLC Subcontractor to Lend Lease - Old Post Office				CONTRACTOR'S LICENSE No. 3019247223 SPECIALTY LICENSE No.				ADDRESS : 9513 Lanham Severn Road , Lanham, Md 20706 PHONE: 301-924-7223 EMAIL: dford@scaffoldresource.com				PROJECT LOCATION/ CODE / NAME : Washington, DC / 46126400 / Trump Hotel																			
PAYROLL No. 28				FOR WEEK ENDING: 01/24/2015 SUBMITTED ON: February 03, 2015				MOTOR CARRIER PERMIT No.				UNION Non-Union		SELF-INSURED CERTIFICATE No. WORKERS' COMP. POLICY :				WAGE DECISION: DC 130002 7/05/2013													
NAME, ADDRESS, SSN, DRIVER'S LICENSE, ETHNICITY, GENDER		WORK CLASSIFICATION, LOCATION AND TYPE		HOURS WORKED EACH DAY								TOTAL HOURS	BASE HOURLY RATE	GROSS AMOUNT EARNED		DEDUCTION . CONTRIBUTION AND PAYMENTS						NET WGS PAID FOR WEEK	CHECK No.								
OLIVER, KEITH <div>(b) (6)</div>		POWER EQUIPMENT OPERATORS / GROUP 3: Backhoes, cherry pickers, elevating graders, hoists, power shovels, gradalls, front end loaders-3 1/2		1/18/15 1/19/15 1/20/15 1/21/15 1/22/15 1/23/15 1/24/15 S M T W TH F S S 8.50 8.25 8.50 8.50 6.25 O D								TOTAL HOURS THIS PROJECT	BASE HOURLY RATE OF PAY	THIS PROJECT	ALL PROJECTS	Federal Tax	Social Security	Medicare	State Tax	Local Taxes / SDI	Other	Savings	Total Deduction	Check No.							
		Washington, DC WD: DC 130002 7/05/2013										40.00	\$31.43		1,660.00	140.80	94.86	22.19	59.16	37.74	0.00	0.00	\$354.75	2367209							
												2.00	\$47.15	\$1,351.50		Vac/Dues	Trav. Subs.	Health & Welfare	Pension	Vacation Holiday	Training	All Other	Total Fringes Paid to 3rd	Net Paid Week							
													\$0.00			0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$345.66	345.66	1,305.25							
All or Part of Fringes Paid to Employee: NO										Vacation, Holiday and Dues in Gross Pay: NO										Rate in Lieu of Fringes:	Total in Lieu of Fringes	Total Base Rate + Fringes	Voluntary Pension	Voluntary Medical	H & W Rate	Pension Rate	Vac Hol Rate	Training Rate	All Other Rate	Total Fringe Rate to 3rd	
																				\$0.00	0.00	39.66	0.00	0.00	0.00	0.00	0.00	0.00	8.23	8.23	

TOTAL STANDARD HOURS :	40.00	TOTAL 1.5 OT HOURS:	2.00	TOTAL 2.0 OT HOURS:	0.00	GRAND TOTAL HOURS:	42.00
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Statement of Compliance

Date Tuesday, February 3, 2015

I, Darlene Ford, Payroll Manager do hereby state:

(1) That I pay or supervise the payment of the persons employed by SCAFFOLD RESOURCE LLC on the TRUMP HOTEL; that during the payroll period commencing on 1/18/2015 and ending on 1/24/2015 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said SCAFFOLD RESOURCE LLC from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

All comments are in the notes on the submitted Certified Payroll Report.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

[X] - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

[] - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS:

EXCEPTION (CRAFT)	EXPLANATION
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REMARKS:

NAME: Darlene Ford

TITLE: Payroll Manager

Electronic Signature Code: (b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Other Deductions Notes

Employee Name

Craft

Classification

Other Deduction Notes